



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE  
COVER PAGE

FILED  
05 NOV -7 AM 10:06  
CARMELLA SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed  
by the treasurer or designated record keeper.

3. This Statement covers From: 7-19-04 To 8-23-04  
Mo Day Year Mo Day Year

1. Committee I.D. Number

137371

2. Committee Name

CITIZENS FOR A  
SAFE COMMUNITY

4. Committee's Mailing Address

22425 15 MILE RD  
CLINTON TWP, MI 48035

Area Code and Phone

(86) 791-3288

If the address in this box is different from the committee mailing address on the Statement  
of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

THOMAS TIANANELLI  
38666 MORVIAN  
CLINTON TWP, MI 48036

Area Code and Phone

(586) 783-5090

6. Treasurer's Business Address

22425 15 MILE RD.  
CLINTON TWP, MI 48035

Area Code and Phone

(86) 791-3288

7. Designated Record Keeper's Name and Mailing Address  
(If the committee has a Designated Record Keeper)

MICHAEL SUMMI  
18765 RIVER POINTE  
CLINTON TWP, MI 48035

Area Code and Phone

(586) 228-8307

8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION

OR

8b. ☒ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☒ PRIMARY

☐ GENERAL

☐ SCHOOL

☐ SPECIAL

Date of Election:

AUG 3, 2004  
Month Day Year

8c. ☐ ANNUAL STATEMENT

(Coverage Year)

8d. ☐ QUALIFICATION

OR

☐ NON-QUALIFICATION STATEMENT  
(Required of State-wide Ballot Question  
Committees Only)

Date of Qualification or Non-Qualification:

Month Day Year

8e. ☐ AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to  
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the  
committee has no assets or outstanding debts,  
including late filing fees. Note: The disposition  
of residual funds must be reported on Schedule  
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record Keeper

THOMAS TIANANELLI

Type or Print Name

Signature

Date

11 3  
Month Day

Year  
2005



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number

137371

2. Committee Name

CITIZENS FOR A SAFE COMMUNITY

**RECEIPTS**

3. Itemized Contributions (Schedule 4A, Column 6)

4. Other Receipts (Schedule 4A-1, Column 6)

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**  
(Add Line 3 c + Line 4)

Column I  
This Period

(3.) \$ 0

(4.) \$ 0

(5.) \$ 0

Column II  
Cumulative for Election Cycle

(18.) \$ \_\_\_\_\_

(19.) \$ \_\_\_\_\_

(20.) \$ \_\_\_\_\_

**IN-KIND CONTRIBUTIONS**

6. Itemized In-Kind Contributions

(6.) \$ 0

(21.) \$ \_\_\_\_\_

**EXPENDITURES**

7. Expenditures

a. Itemized Direct Expenditures (Schedule 4B, Column 7)

(7a.) \$ 8,976.20

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

(7b.) \$ 0

c. In-Kind Expenditures - Purchase of Goods or Services  
(Schedule 4B-2, Column 7)

(7c.) \$ 0

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

(7d.) \$ 0

8. Subtotal of Expenditures

(8.) \$ 8,976.20

(22.) \$ \_\_\_\_\_

9. Independent Expenditures (Schedule 4B-1, Column 7)

(9.) \$ 0

(23.) \$ \_\_\_\_\_

10. **TOTAL EXPENDITURES** (Add Line 8 + Line 9)

(10.) \$ 8,976.20

(24.) \$ \_\_\_\_\_

**IN-KIND EXPENDITURES**

11. Total In-Kind Expenditures-Endorsements, Donations or  
Loans of Goods or Services (Schedule 4B-2, Column 8)

(11.) \$ 0

(25.) \$ \_\_\_\_\_

**DEBTS AND OBLIGATIONS**

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

(12a.) \$ 1,348.54

b. Owed to the Committee (Schedule 4E)

(12b.) \$ 0

**BALANCE STATEMENT**

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)

(13.) \$ 7627.66

14. Amount received during reporting period  
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) + 0

15. **SUBTOTAL** Add lines 13 and 14

(15.) = 7627.66

16. Amount expended during reporting period  
(Line 10, Column I, Total Expenditures)

(16.) - 8,976.20

17. **ENDING BALANCE**  
(Subtract line 16 from line 15)

(17.) \$ -1348.54

\*If your ending balance is negative, please recheck your math.

COMMONWEALTH OF MASSACHUSETTS  
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

Committee D Number

Committee Name

137371

WITNESS FOR A FREE COMMUNITY

Expenditure Number	State purpose of expenditure Identify the ballot proposal involved Indicate whether supported or opposed	Date	Amount	Cumulative for election
Expenditure #1 Name: Sp Address: [illegible] Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: [illegible] <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	[illegible]	80.50	
Expenditure #2 Name: GRAPHICS Address: [illegible] Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: [illegible] <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/05	77.12	
Expenditure #3 Name: GRAPHICS Address: [illegible] Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: [illegible] <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	04/05	2299.32	
Expenditure #4 Name: [illegible] Address: [illegible] Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: 5. Ballot Proposal: County: [illegible] <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local			

Subtotal this page  
Grand Total of Schedules 4B

(Complete on last page of schedule)

2463.03

Enter this total  
on Line 8a of  
the Summary  
Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

STATE OF MICHIGAN  
BUREAU OF ELECTIONS

137371

ITEMIZED DIRECT EXPENDITURES

SCHEDULE 4B

BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

2. Committee Name

CITIZENS FOR A SAFE COMMUNITY

3. Name and address of person to whom paid	4. State purpose of expenditure. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure #1 Name: <u>John B. Only</u> Address: <u>[illegible]</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement. <input type="checkbox"/> Fund Raiser	4. Purpose: <u>ADD</u> 513 5. Ballot Proposal: <u>Blue Village</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	7-20 04	2226.16	
Expenditure #2 Name: <u>Carol Ann</u> Address: <u>[illegible]</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement. <input type="checkbox"/> Fund Raiser	4. Purpose: <u>ADD</u> 514 5. Ballot Proposal: <u>Police Village</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	7-20 04	285.00	
Expenditure #3 Name: <u>[illegible]</u> Address: <u>[illegible]</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement. <input type="checkbox"/> Fund Raiser	4. Purpose: <u>STAMP</u> 514 5. Ballot Proposal: <u>Blue Village</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	7-30 04	92.00	
Expenditure #4 Name: <u>[illegible]</u> Address: <u>[illegible]</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement. <input type="checkbox"/> Fund Raiser	4. Purpose: <u>FLYERS</u> 515 5. Ballot Proposal: <u>Blue Village</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	7-30 04	35.00	

Subtotal this page  
Grand Total of Schedules 4B  
(to complete last page of Schedule)

2638.16

Enter this total  
on Line 8a of  
the Summary  
Page

X



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

STATE OF MICHIGAN  
BUREAU OF ELECTIONS

137371

ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 4B  
BALLOT QUESTION COMMITTEE

1. Committee I. D. Number

2. Committee Name

CITIZENS FOR A SAFE COMMUNITY

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the Ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure #1 Name: <u>AMERICAN GRAPHICS</u> Address: <u>3100 CLOVERLEAF BLVD CLINTON TWP MI</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement. <input type="checkbox"/> Fund Raiser	4. Purpose: <u>PRINTING</u> 518 5. Ballot Proposal: <u>POLICE MILEAGE</u> County: <u>MASON</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	8-5 04	1507.75	
Expenditure #2 Name: <u>GRAPHIC</u> Address: <u>1200 ST CLINTON TWP MI</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement. <input type="checkbox"/> Fund Raiser	4. Purpose: <u>PRINTING</u> 510 5. Ballot Proposal: <u>POLICE MILEAGE</u> County: <u>MASON</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	9-4 04	247.26	
Expenditure #3 Name: <u>PRINTING</u> Address: <u>1200 CASS CLINTON TWP MI</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement. <input type="checkbox"/> Fund Raiser	4. Purpose: <u>PRINTING</u> 510 5. Ballot Proposal: <u>POLICE MILEAGE</u> County: <u>MASON</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	9-4 04	120-	
Expenditure #4 Name: <u>GRAPHIC</u> Address: <u>1200 CASS CLINTON TWP MI</u> <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement. <input type="checkbox"/> Fund Raiser	4. Purpose: <u>CONSULTATION</u> 34 5. Ballot Proposal: <u>POLICE MILEAGE</u> County: <u>MASON</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	9-4 04	2000	

Subtotal this page  
Grand Total of Schedules 4B  
(Complete on last page of Schedule)

3875.01

Enter this total  
on Line 8a of  
the Summary  
Page